

Worksheet for the 2021 Nova Scotia Personal Tax Credits Return

Fill out this worksheet if you want to calculate partial claims for the following amounts on Form TD1NS, 2021 Nova Scotia Personal Tax Credits Return.

Do not give your filled out worksheet to your employer or payer. Keep it for your records.

Line 1 of Form TD1NS – Basic personal amount		
If your estimated taxable income from all sources will be between \$25,000 and \$75,000, calcu	late your partial claim as follows:	
Maximum amount		4
Your estimated taxable income for the year		— 1
Line 1 minus line 2 (if negative, enter "0")		
Applicable rate		3
Multiply line 3 by line 4.		
Base amount	+	 6
Line 5 plus line 6		\top
Enter this amount on line 1 of Form TD1NS.	=	7
Line 2 of Form TD1NS – Age amount		
If you will be 65 or older on December 31, 2021, and your estimated net income from all sour	ces will be between \$30,828 and \$	58,435,
calculate your partial claim as follows:		
Maximum amount		1
Your estimated net income for the year		2
Base amount		3
Line 2 minus line 3 (if negative, enter "0")	=	4
Applicable rate	×	5
Multiply line 4 by line 5.	=	6
Line 1 minus line 6.		
Enter this amount on line 2 of Form TD1NS.	=	7
Line 2.1 of Form TD1NS – Age amount supplement		
If you will be 65 or older on December 31, 2021, and your estimated taxable income from all	sources will be between \$25,000 ar	nd
\$75,000, calculate your supplement claim as follows:	· · · · · · · · · · · · · · · · · · ·	
Dana amazint		1 .
Pour estimated taxable income for the year		 1
Line 1 minus line 2 (if negative, enter "0")		2
Applicable rate		3
Multiply line 3 by line 4 (maximum \$1,465, if negative, enter "0")	×	
Enter this amount on line 2.1 of Form TD1NS.	=	_
	L -	5
Line 6 of Form TD1NS – Spouse or common-law partner amount		
If your spouse or common-law partner's estimated net income for the year (including the inco	me earned before and during the m	narriage or
common-law relationship) will be between \$848 and \$9,329, calculate your partial claim as fo		
Paga amount		1 -
Base amount Vour spause or common law partner's estimated not income for the year		 1
Your spouse or common-law partner's estimated net income for the year		
Line 1 minus line 2 (maximum \$8,481, if negative, enter "0") Enter this amount on line 6 of Form TD1NS.		
Entor this amount of file of the other builting.		

Line 6.1 of Form TD1NS – Spouse or common-law partner amount supplement		
If you are supporting your spouse or common-law partner who lives with you and your estimated ta between \$25,000 and \$75,000, calculate your supplement claim as follows:	xable income from all sources	will be
Base amount		4
Your estimated taxable income for the year		
Line 1 minus line 2 (if negative, enter "0")		 2
Applicable rate		3
Multiply line 3 by line 4.		
Your spouse or common-law partner's estimated net income for the year		5
Line 5 minus line 6 (maximum \$3,000, if negative, enter "0")		
Enter this amount on line 6.1 of Form TD1NS.	=	7
Line 7 of Form TD1NS – Amount for an eligible dependant		
If your dependant's estimated net income for the year will be between \$848 and \$9,329, calculate y	our partial claim as follows:	
Base amount		1
Your eligible dependant's estimated net income for the year		2
Line 1 minus line 2 (maximum \$8,481, if negative, enter "0")		
Enter this amount on line 7 of Form TD1NS.		3
Line 7.1 of Form TD1NS – Amount for eligible dependant supplement		
If you do not have a spouse or common-law partner and you support a dependant relative who lives income from all sources will be between \$25,000 and \$75,000, calculate your supplement claim as		taxable
income nom all sources will be between \$25,000 and \$75,000, calculate your supplement claim as	lollows.	
Base amount		1
Your estimated taxable income for the year		2
Line 1 minus line 2 (if negative, enter "0")	=	3
Applicable rate	×	4
Multiply line 3 by line 4.	=	5
Your eligible dependant's estimated net income for the year		6
Line 5 minus line 6 (maximum \$3,000, if negative, enter "0")		
Enter this amount on line 7.1 of Form TD1NS.		7
Line 8 of Form TD1NS – Caregiver amount		
If your dependant's estimated net income for the year will be between \$13,677 and \$18,575, calculated the state of the year will be between \$13,677 and \$18,575, calculated the year will be between \$18,575, calculated the year will be \$18,575, calculated the year will be \$18,575, calculated the year will be \$18,575, calculated the year	ate your partial claim as follow	s:
		1
Base amount		1
Your dependant's estimated net income for the year		2
Line 1 minus line 2 (maximum \$4,898, if negative, enter "0")	<u>=</u>	3
Enter the amount you claimed for this dependant on line 7 of Form TD1NS.		4
Line 3 minus line 4 (if negative, enter "0")		
Enter this amount on line 8 of Form TD1NS.	=	5
Line 9 of Form TD1NS – Amount for infirm dependants age 18 or older		
You cannot claim this amount for a dependant for whom you claimed the caregiver amount on line	8 of Form TD1NS	
If your dependant's estimated net income for the year will be between \$5,683 and \$8,481, calculate		
Base amount		1
Your infirm dependant's estimated net income for the year	_	2
Line 1 minus line 2 (maximum \$2,798, if negative, enter "0")	=	3
Enter the amount you claimed on line 7 of Form TD1NS for this dependant.	_	4
Line 3 minus line 4 (if negative, enter "0")		<u>†</u>
Enter this amount on line 9 of Form TD1NS	_	-